## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

108 2 2 336

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1) (Column 1)			mn 2)		TYPE			SMALL ENTITY	
TOTAL CLAIMS				<u>.</u>		. •	İ	PATE	FEE	]	RATE	FEE
FOR			NUMBER FILED NUM			ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
·TC	TAL CHARGE	ABLE CLAIMS	3\ minus 20= • \\					XS 9=	29	OR	XS18=	
INE	DEPENDENT CI	LAIMS	5 m			X43=	86	OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL	370	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	-32	Minus	-31		=		· X\$-9=	26.04	OR	X\$18=	
AME	Independent	NTATION OF MU	Minus	SENDENT	CI AINA	-	1 [	X43=		OR	X86=	
	FIRST PRESE	NIATION OF MC	JUIPLE DE	PENUENT	CLAIM		<b>,</b> [	+145=	·	OR	+290=	
		,						TOTAL	26-60	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Columi	n 2)	(Column 3)		ADDII. FEE I		•	ADDII. PEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	010		=	1	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***			]	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	PENDENT	CLAIM		┚┟	+145=		OR	+290=	
								TOTAL			TOTAL	
		A	DDIT. FEE <b>l</b>			addit. Fee <b>i</b>						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBE PREVIOU PAID FO	ST ER ISLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
	Total		Minus	44		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		-	ŀ	X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	,,,,,,	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
}	f the "Highest Nun	nber Previously Pai	id For IN THIS	S SPACE is I	ess than	20, enter 720.	. A	TOTAL DOIT, FEE		OR ,	TOTAL ODIT. FEE	
		mber Previously Pa ber Previously Paid					er four	nd in the app	ropriate box	in col	ımn 1.	